## Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts

## ALL DCF Providers must sign, scan, and email this executed document to: OfficeOf.ContractAdministration@Dcf.nj.gov

Organization Name:	
Printed Name:	Title:
Signature:	Date:
issued by DCF to adequately ensure the safety through the 366th day following the end of the Governor in Executive Order No. 103 of 2020. may take to prevent and mitigate exposure to by the DCF Commissioner's issuance of Guidar https://www.nj.gov/dcf/coronavirus_contract and may continue to amend and supplement,	e a good faith effort to comply with minimum health and safety protocols of the covered providers' employees, and service recipients at least e public health emergency and state of emergency declared by the These efforts include our adherence to the measures service providers, and spread of, the COVID-19 virus while delivering services, as explained
	be maintained through the term of the contract that provides a agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); and
(1) a labor harmony agreement with the la	bor organization; or
-	ng it seeks to represent our employees after the expiration of the 90-day contract, to be followed no later than 90 days after the date of notice
	ofirming entry into an agreement or binding obligation to be maintained vides a commitment comparable to a labor harmony agreement, as 2c); or
	currently represented by a labor organization and that no labor loyees during the 90-day period following the initiation or renewal of our act and up to the time of submission; <b>or</b>
A. An attestation:signed by a labor organization conforganization; or	irming entry into a labor harmony agreement with such labor
	y and in compliance with Public Law P.L. 2021, c.1., I therefore must initiation or renewal of our DCF contract(s) either:
Children and Families to provide mental health regular full-time or regular part-time employed	entering into or renewing a contract or contracts with the Department of n, behavioral health, or addiction services that employs more than 10 es who principally work for the organization to provide the contracted [if you select this response, please return the signed form as noted
By my signature below, I hereby confirm I am a I additionally confirm:	authorized to review and sign this document on behalf of my organization